

IAP20 REGISTRATION TO 6 MAR 2006

Application Information

Initial 3/30/06

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: EIJI
Middle Name::
Family Name:: MURAMATSU
Name Suffix::
City of Residence:: TOKOROZAWA-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing C/O PIONEER CORPORATION, TOKOROZAWA
Address:: WORKS
2610, HANAZONO 4-CHOME, SAITAMA
City of Mailing Address:: TOKOROZAWA-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 359-8522

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: KAZUO
Middle Name::
Family Name:: KURODA
Name Suffix::
City of Residence:: TOKOROZAWA-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing C/O PIONEER CORPORATION, TOKOROZAWA
Address:: WORKS.

2610, HANAZONO 4-CHOME, SAITAMA

City of Mailing Address:: TOKOROZAWA-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 359-8522

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: TOSHIO

Middle Name::

Family Name:: SUZUKI

Name Suffix::

City of Residence:: TOKOROZAWA-SHI

State or Province of Residence::

Country of Residence:: JAPAN

Street of Mailing Address:: C/O PIONEER CORPORATION, TOKOROZAWA WORKS.

2610, HANAZONO 4-CHOME, SAITAMA

City of Mailing Address:: TOKOROZAWA-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 359-8522

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: MASAHIRO

Middle Name::

Family Name:: KATO

Name Suffix::

City of Residence:: TOKOROZAWA-SHI

State or Province of

Residence::
Country of Residence:: JAPAN
Street of Mailing C/O PIONEER CORPORATION, TOKOROZAWA
Address:: WORKS.
2610, HANAZONO 4-CHOME, SAITAMA
City of Mailing Address:: TOKOROZAWA-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 359-8522

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: TOSHIHIKO
Middle Name::
Family Name:: TAKISHITA
Name Suffix::
City of Residence:: KOFU-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing C/O PIONEER CORPORATION
Address:: 465, OHSATO-CHO, YAMANASHI
City of Mailing Address:: KOFU-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 400-0053

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: SEIRO
Middle Name::
Family Name:: OSHIMA

Name Suffix::
City of Residence:: KOFU-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing C/O PIONEER CORPORATION
Address:: 465, OHSATO-CHO, YAMANASHI
City of Mailing Address:: KOFU-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 400-0053

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: ATSUSHI
Middle Name::
Family Name:: KONDO
Name Suffix::
City of Residence:: KOFU-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing C/O PPIONEER CORPORATION
Address:: 465, OHSATO-CHO, YAMANASHI
City of Mailing Address:: KOFU-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 400-0053

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2004/014231	9/29/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2003-340531	9/30/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::